

SRF Disbursement Request Form

Participant Information

| | | | |
|----------------------------|--------------------------------------|---|--------------|
| Name: | City of West Lafayette | SRF Loan Number: | WW141079 07 |
| DUNS Number: | 04 455 2636 | CCR Number: | 6NKJ2 |
| Mailing | 711 West Navajo Street | | |
| City: | West Lafayette | State: | IN |
| | | ZIP | 47906 |
| Contact Person: | Peter L. Gray, City Controller | Contact Phone Number: | 765-775-5150 |
| Authorized Representative: | Mayor John R Dennis, or Peter L Gray | Authorized Representative Phone Number: | 765-775-5100 |

If requesting reimbursement to the Participant by wire transfer please provide the following information:

| | | | |
|---------------|--|----------------------|--|
| Bank Name: | | Bank Routing Number: | |
| Account Name: | | Account Number: | |

Loan Information

| | | | |
|---|--|--|---|
| Description of work for which claim is being made (services, fees, type of work, etc.): | Sheraton and Fairway Knolls Lift Station Improvments | | |
| Is any part of this claim funded by an alternate funding source? | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| If yes, please identify the source and amount of the claim funded by the alternate source (OCRA, SAP, Local Funds): | | | \$ |
| Is any part of this claim funded by the Indiana Brownfields Program? | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| Has the Participant paid the request and is now seeking reimbursement? | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| Is any part of this claim a result of a change order? If yes, please attach the SRF change order approval letter. | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| Are there Green Project Reserve components involved in this request? | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| If yes, please describe: | | | |

Loan Financial Information

| | | | |
|--|--|----|--------------|
| Original Loan Amount: | | \$ | 2,610,000.00 |
| Total Amount of Previous Disbursements: | | \$ | 2,546,050.00 |
| Balance Available After this Disbursement: | | \$ | 58,557.00 |
| Amount to Contractor for this Request: | | | \$ 5,393.00 |

Is any part of this request a partial or final release of retainage to the contractor? ☐ YES ☒ NO

| | | | |
|------------------|---------------------|--------------|-------------|
| Contractor Name: | Wessler Engineering | DUNS Number: | 08 153 1352 |
| Mailing address: | 6219 S East Street | | |
| City: | Indianapolis | State: | IN |
| | | ZIP Code: | 46227 |

Wiring Information:

| | | | |
|---------------|--|----------------------|--|
| Bank Name: | | Bank Routing Number: | |
| Account Name: | | Account Number: | |

Retainage Amount for this Request: \$

| | |
|--|--------------------------|
| Participant requests that the retainage amount be held by SRF: | <input type="checkbox"/> |
| Participant requests that the retainage amount be sent to the Participant via check to the mailing address listed above: | <input type="checkbox"/> |
| Participant requests that the retainage amount be sent to the following bank: | <input type="checkbox"/> |

| | | | |
|---------------|--|----------------------|--|
| Bank Name: | | Bank Routing Number: | |
| Account Name: | | Account Number: | |

Total Amount of this Request: \$ 5,393.00

The undersigned hereby certifies this request for disbursement is, to the best of my knowledge and belief, true and accurate and made in accordance with the conditions of the project agreement, that the certified payrolls received in connection with any enclosed construction invoices are in compliance with the Davis Bacon Act/ US Department of Labor requirements of 29 CFR 5.5(a)(1).

| | | | |
|---------------------------|--|-------|-------------|
| Authorized Representative | | Date: | MAY 10 2016 |
|---------------------------|--|-------|-------------|

For Internal Use Only:

| | | | | | | |
|--------------|--|-------|--|-----|----|--|
| Approved By: | | Date: | | GPR | \$ | |
|--------------|--|-------|--|-----|----|--|

Revised on July 1, 2014



RECEIVED
MAY 02 2016
UTILITY DIRECTOR

More than a Project™

INVOICE

To: CITY OF WEST LAFAYETTE
MR. DAVID S. HENDERSON, UTILITY DIRECTOR
500 SOUTH RIVER ROAD
WEST LAFAYETTE, INDIANA 47906

Invoice Number: 28984
April 26, 2016

Project: 174515.00 WEST LAFAYETTE – SHERATON & FAIRWAY KNOLLS LIFT STATION

Manager: GARY L. RUSTON

Professional Services for the Period: 3/1/16 to 3/31/16.

PHASE: .68 RESIDENT PROJECT REPRESENTATIVE
TASK: .01 SHERATON & FAIRWAY KNOLLS LIFT STATION - RPR

| Professional Services | Bill Hours | Bill Rate | Charge |
|--|--------------|-----------|--------------------|
| Senior Resident Project Representative | 12.00 | \$ 95.00 | \$ 1,140.00 |
| Total Labor | 12.00 | | \$ 1,140.00 |

Reimbursables

| | |
|----------------------------|------------------|
| Telephone | \$ 55.53 |
| Travel | 135.00 |
| Total Reimbursables | \$ 190.53 |

Total Task .01 \$ 1,330.53

TASK: .02 NORTHSIDE REGIONAL LIFT STATION - RPR

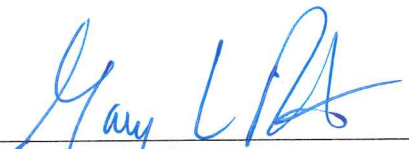
| Professional Services | Bill Hours | Bill Rate | Charge |
|--|--------------|-----------|--------------------|
| Senior Resident Project Representative | 42.00 | \$ 95.00 | \$ 3,990.00 |
| Total Labor | 42.00 | | \$ 3,990.00 |

Reimbursables

| | |
|----------------------------|-----------------|
| Travel | \$ 72.90 |
| Total Reimbursables | \$ 72.90 |

Total Task .02 \$ 4,062.90

Total Project Invoice Amount \$ 5,393.43


Wessler Engineering, Inc.
GARY L. RUSTON
Project Manager

| Aged Receivables: | | | | |
|-------------------|------------|--------|--------|----------|
| CURRENT | 30-60 | 60-90 | 90-120 | OVER 120 |
| \$5,393.43 | \$5,855.31 | \$0.00 | \$0.00 | \$0.00 |

All invoices are due upon receipt. A late charge of 1.5% will be added to any unpaid balance after 30 days.

Billing Backup

Tuesday, April 26, 2016

WESSLER ENGINEERING, INC.

Invoice 28984 Dated 4/26/2016

10:45:11 AM

| | | |
|---------|-----------|---|
| Project | 174515.00 | W. LAFAYETTE - SHERATON & FAIRWAY KNOLLS LIFT STATION |
| Phase | 00068 | CONSTRUCTION OBSERVATION |
| Task | 000001 | SHERATON & FAIRWAY KNOLLS LS RPR |

Professional Services

| | | | Bill Hours | Bill Rate | Charge |
|-------------------------------------|--------------------|-----------|------------|-----------|-----------------|
| Sr. Resident Project Representative | | | | | |
| Sr. Resident Project Representative | | | | | |
| 528 | McGUIRE, SAMUEL | 3/1/2016 | 4.00 | 95.00 | 380.00 |
| | Inspection | | | | |
| 528 | McGUIRE, SAMUEL | 3/2/2016 | 2.00 | 95.00 | 190.00 |
| | Inspection | | | | |
| 528 | McGUIRE, SAMUEL | 3/3/2016 | 4.00 | 95.00 | 380.00 |
| | Inspection | | | | |
| 528 | McGUIRE, SAMUEL | 3/4/2016 | 1.00 | 95.00 | 95.00 |
| | Inspection | | | | |
| 528 | McGUIRE, SAMUEL | 3/21/2016 | 1.00 | 95.00 | 95.00 |
| | Inspection | | | | |
| | Totals | | 12.00 | | 1,140.00 |
| | Total Labor | | | | 1,140.00 |

Reimbursables

| | | | | | |
|----------------|----------------------------|---------------------------------------|------------------------|---------------|-------------------|
| Telephone | | | | | |
| AP 18861 | 3/31/2016 | VERIZON WIRELESS / SWM Cell | | 55.53 | |
| | | Phone / Invoice: 9761837531, 3/9/2016 | | | |
| Travel | | | | | |
| EX 00000000589 | 3/22/2015 | McGUIRE, SAMUEL / Overnight in | | 15.00 | |
| 0 | | West Lafayette | | | |
| EX 00000000589 | 3/1/2016 | McGUIRE, SAMUEL / Overnight in | | 15.00 | |
| 0 | | West Lafayette | | | |
| EX 00000000589 | 3/3/2016 | McGUIRE, SAMUEL / Overnight in | | 15.00 | |
| 0 | | West Lafayette | | | |
| EX 00000000589 | 3/10/2016 | McGUIRE, SAMUEL / Overnight in | | 15.00 | |
| 0 | | West Lafayette | | | |
| EX 00000000589 | 3/15/2016 | McGUIRE, SAMUEL / Overnight in | | 15.00 | |
| 0 | | West Lafayette | | | |
| EX 00000000589 | 3/17/2016 | McGUIRE, SAMUEL / Overnight in | | 15.00 | |
| 0 | | West Lafayette | | | |
| EX 00000000589 | 3/24/2016 | McGUIRE, SAMUEL / Overnight in | | 15.00 | |
| 0 | | West Lafayette | | | |
| EX 00000000589 | 3/29/2016 | McGUIRE, SAMUEL / Overnight in | | 15.00 | |
| 0 | | West Lafayette | | | |
| EX 00000000589 | 3/31/2016 | McGUIRE, SAMUEL / Overnight in | | 15.00 | |
| 0 | | West Lafayette | | | |
| | Total Reimbursables | | | 190.53 | 190.53 |
| | | | Total this Task | | \$1,330.53 |

| | | |
|------|--------|---------------------------|
| Task | 000002 | NORTHSIDE REGIONAL LS RPR |
|------|--------|---------------------------|

Professional Services

| | | | Bill Hours | Bill Rate | Charge | |
|-------------------------------------|--------------------|-----------|---------------------------|-----------|--------------|-------------------|
| Sr. Resident Project Representative | | | | | | |
| Sr. Resident Project Representative | | | | | | |
| 528 | McGUIRE, SAMUEL | 3/1/2016 | 2.00 | 95.00 | 190.00 | |
| | Inspection | | | | | |
| 528 | McGUIRE, SAMUEL | 3/2/2016 | 2.00 | 95.00 | 190.00 | |
| | Inspection | | | | | |
| 528 | McGUIRE, SAMUEL | 3/3/2016 | 2.00 | 95.00 | 190.00 | |
| | Inspection | | | | | |
| 528 | McGUIRE, SAMUEL | 3/4/2016 | 2.00 | 95.00 | 190.00 | |
| | Inspection | | | | | |
| 528 | McGUIRE, SAMUEL | 3/7/2016 | 3.00 | 95.00 | 285.00 | |
| | Inspection | | | | | |
| 528 | McGUIRE, SAMUEL | 3/8/2016 | 2.00 | 95.00 | 190.00 | |
| | Inspection | | | | | |
| 528 | McGUIRE, SAMUEL | 3/9/2016 | 2.00 | 95.00 | 190.00 | |
| | Inspection | | | | | |
| 528 | McGUIRE, SAMUEL | 3/10/2016 | 4.00 | 95.00 | 380.00 | |
| | Inspection | | | | | |
| 528 | McGUIRE, SAMUEL | 3/11/2016 | 3.00 | 95.00 | 285.00 | |
| | Inspection | | | | | |
| 528 | McGUIRE, SAMUEL | 3/14/2016 | 4.00 | 95.00 | 380.00 | |
| | Inspection | | | | | |
| 528 | McGUIRE, SAMUEL | 3/15/2016 | 2.00 | 95.00 | 190.00 | |
| | Inspection | | | | | |
| 528 | McGUIRE, SAMUEL | 3/16/2016 | 2.00 | 95.00 | 190.00 | |
| | Inspection | | | | | |
| 528 | McGUIRE, SAMUEL | 3/17/2016 | 1.00 | 95.00 | 95.00 | |
| | Inspection | | | | | |
| 528 | McGUIRE, SAMUEL | 3/18/2016 | 2.00 | 95.00 | 190.00 | |
| | Inspection | | | | | |
| 528 | McGUIRE, SAMUEL | 3/21/2016 | 2.00 | 95.00 | 190.00 | |
| | Inspection | | | | | |
| 528 | McGUIRE, SAMUEL | 3/22/2016 | 2.00 | 95.00 | 190.00 | |
| | Inspection | | | | | |
| 528 | McGUIRE, SAMUEL | 3/29/2016 | 5.00 | 95.00 | 475.00 | |
| | Inspection | | | | | |
| | Totals | | 42.00 | | 3,990.00 | |
| | Total Labor | | | | | 3,990.00 |
| Unit Billing | | | | | | |
| Mileage - Company vehicles | | | | | | |
| | Veh. #0703 | | 135.0 Miles @ 0.54 | | 72.90 | |
| | Total Units | | | | 72.90 | 72.90 |
| | | | Total this Task | | | \$4,062.90 |
| | | | Total this Phase | | | \$5,393.43 |
| | | | Total this Project | | | \$5,393.43 |
| | | | Total this Report | | | \$5,393.43 |